

# Reduction in General Surgery Specialist Outpatient Clinic Appointment for Surgically Treated Abscess Patient

**Dr Sunder Balasubramaniam**

Department of General Surgery

## Mission Statement

To reduce General Surgery Specialist Outpatient Clinic (GS SOC) appointment for post surgically treated abscess patients from 100% to 20% within 6 months

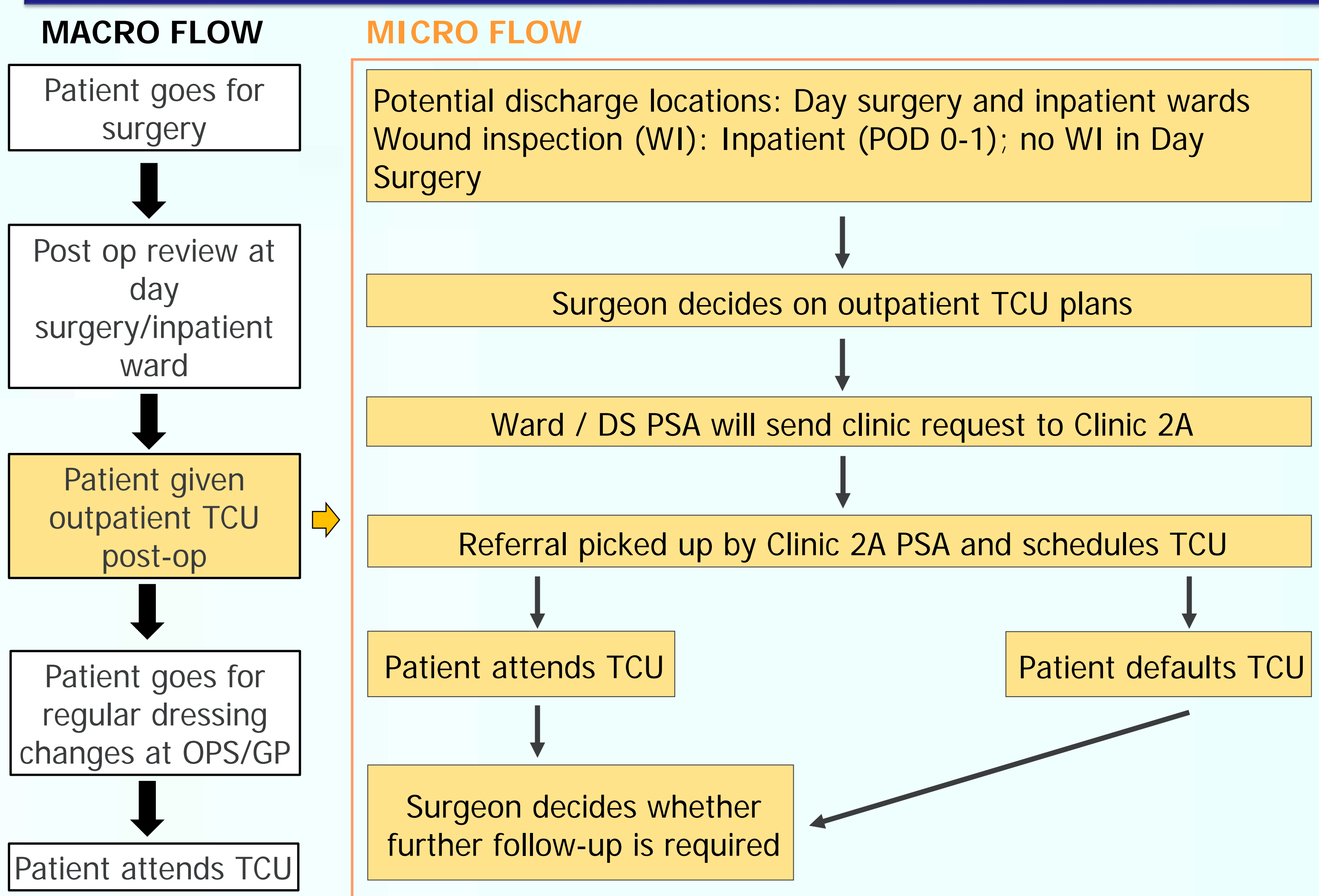
## Team Members

	Name	Designation	Department
<b>Team Leader</b>	Dr Sunder Balasubramaniam	Consultant	General Surgery
<b>Team Members</b>	Dr Chuang Xue En	Senior Resident	General Surgery
	Ms Eunice Tay Zhi Rui	Nurse Clinician	Nursing Services
	Ms Lee Wan Lih	Nurse Clinician	
	Ms Rash Tan Sock Teng	PSA Supervisor	Clinic 2A
<b>Sponsor</b>	Adj A/Prof Glenn Tan (HOD of General Surgery)		
<b>Mentors</b>	Dr Tan Tong Leng & Adj A/Prof Gervais Wan		

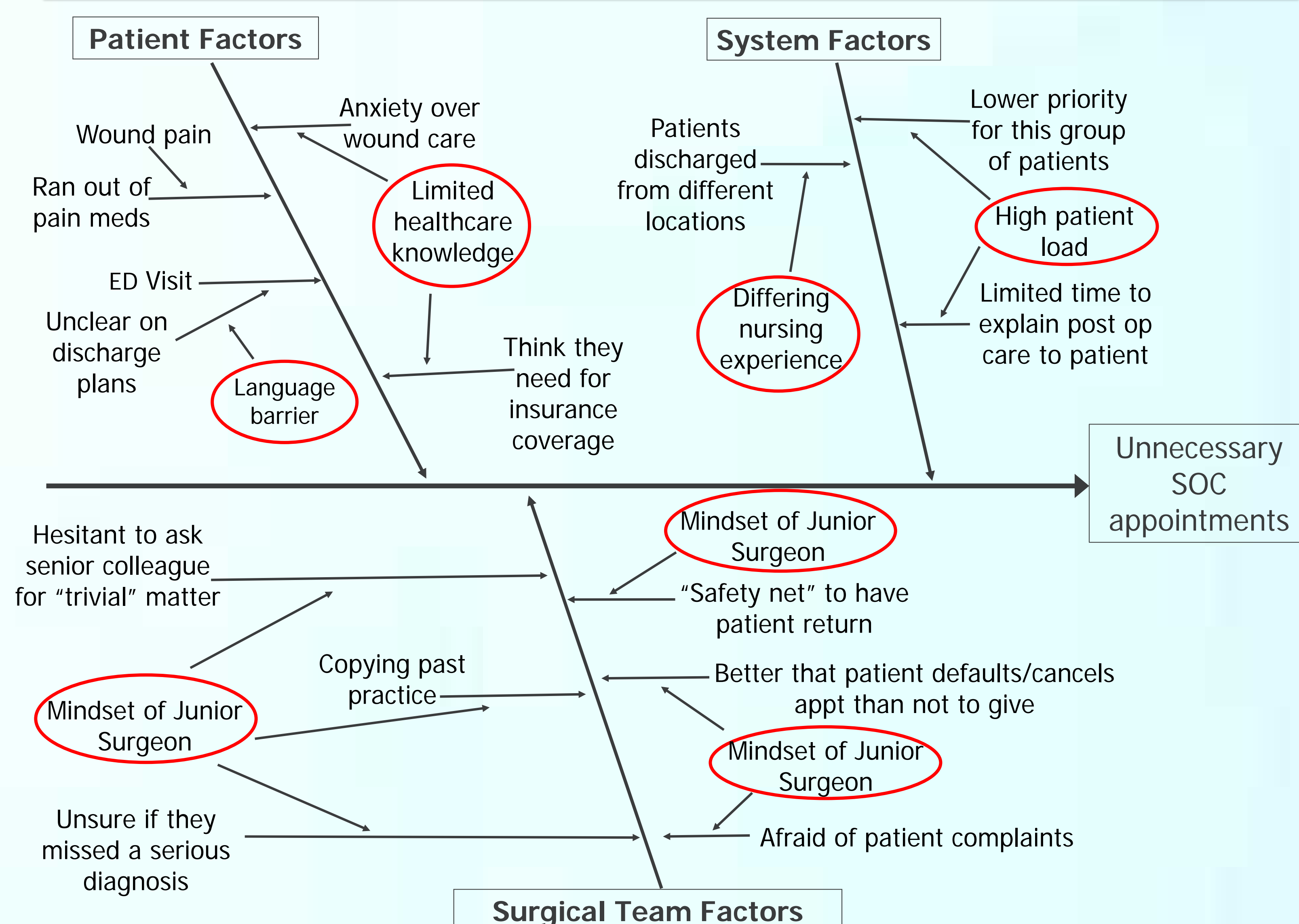
## Evidence for a Problem Worth Solving

Current practice is to give outpatient appointment for all patients who get drainage		
Baseline Data Analysis		
Chose to analyse data in 2018 and 2019 as these were pre pandemic years		
	Year 2018	Year 2019
No. of GS SOC Appointment for Surgically Treated Abscess Patients Note: Using only codes for minor drainage procedures	693	569
Sampling in Month of April		
No. of GS SOC Appointment for Surgically Treated Abscess Patients	47	54
ie. about 5% of all SOC first visit appointments		
Overall default rate = 35%		
> 94% of patients were seen 2 times or less		
In this one month sample,		
3-5 (5-10%) patients required further specialist surgical management		

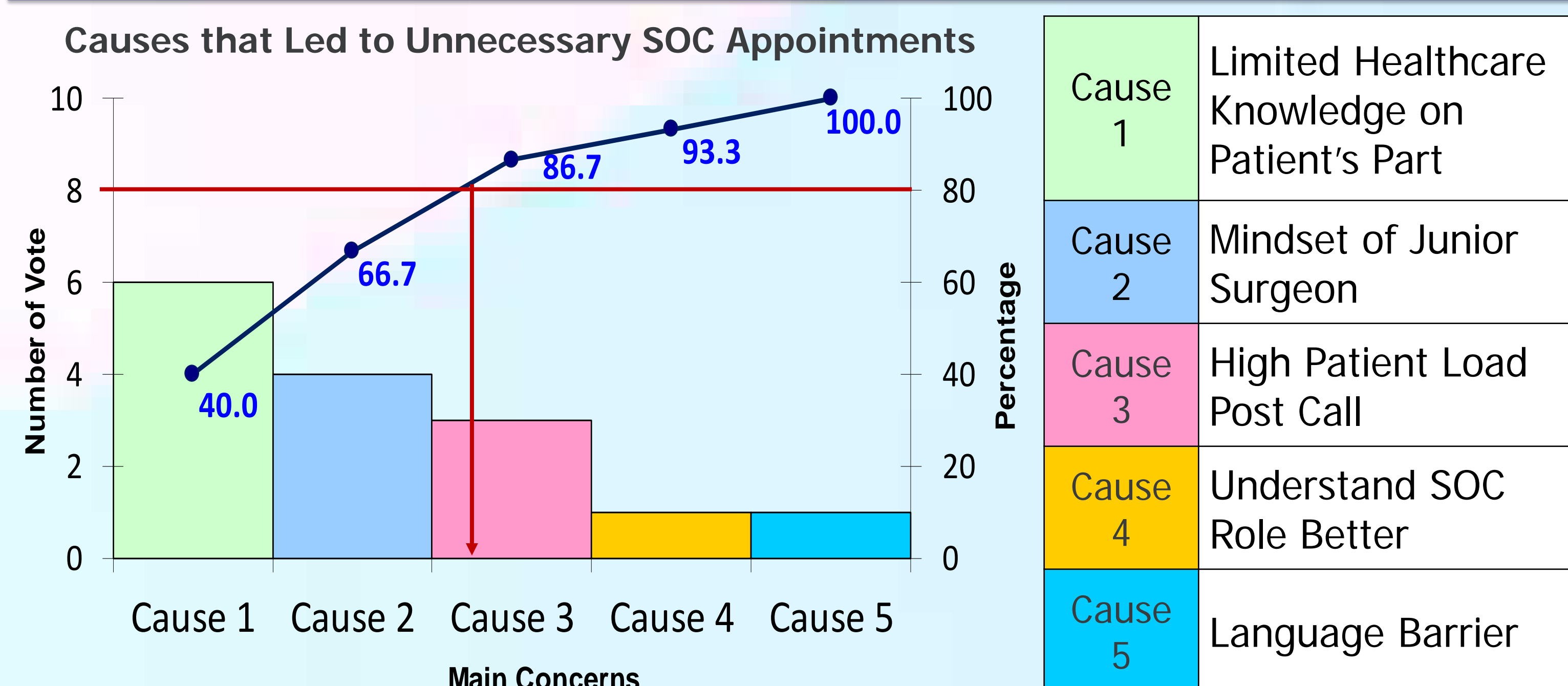
## Flow Chart of Process



## Cause and Effect Diagram



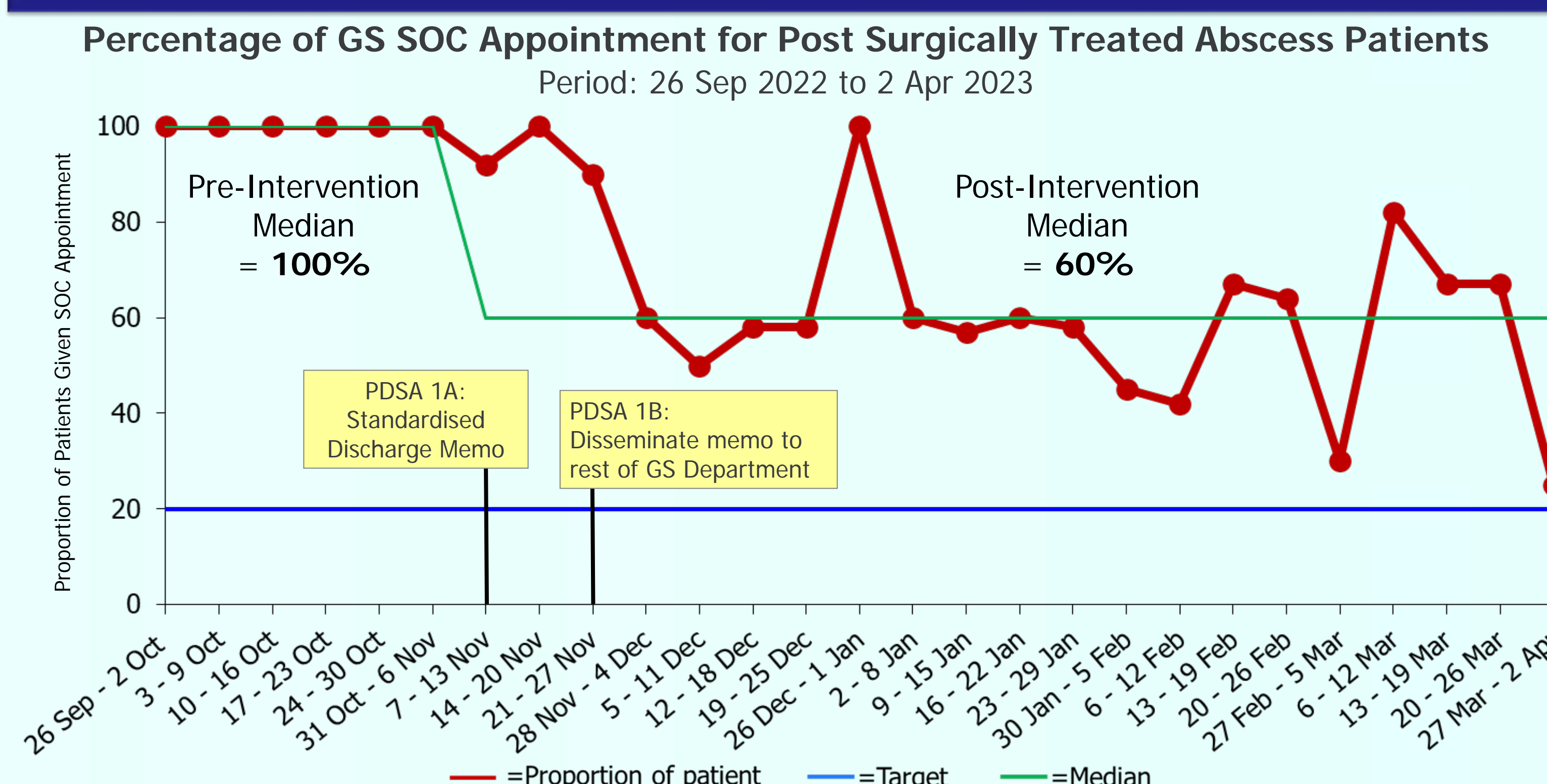
## Pareto Chart



## Implementation

CAUSE	INTERVENTION	DATE OF IMPLEMENTATION
Cause 1: Limited Healthcare Knowledge on Patient's Part	PDSA 1A: Standardised discharge memo with clear instructions and number to call to contact specialist	10 Nov 2022
	PDSA 1B: Disseminate memo to rest of GS Department	24 Nov 2022

## Results



Weekly	26 Sep - 2 Oct	3 - 9 Oct	10 - 16 Oct	17 - 23 Oct	24 - 30 Oct	31 Oct - 6 Nov	7 - 13 Nov	14 - 20 Nov	21 - 27 Nov	28 Nov - 4 Dec	5 - 11 Dec	12 - 18 Dec	19 - 25 Dec	26 Dec - 1 Jan	2 - 8 Jan	9 - 15 Jan	16 - 22 Jan	23 - 29 Jan	30 Jan - 5 Feb	6 - 12 Feb	13 - 19 Feb	20 - 26 Feb	27 Feb - 5 Mar	6 - 12 Mar	13 - 19 Mar	20 - 26 Mar	27 Mar - 2 Apr
No. of Post Surgically Treated Abscess Patients	10	12	11	12	15	9	12	9	20	10	8	12	12	10	10	14	5	12	11	12	9	11	10	11	6	9	8
No. of Patients Given SOC Appointment (proportion)	10	12	11	12	15	9	11	9	18	6	4	7	7	10	6	8	3	7	5	5	6	7	3	9	4	6	2

## Cost Savings

Each clinic room has one Patient Service Associate and one Medical Officer or Registrar
Each first visit slot is 15 minutes
Average cost of manpower involved* is \$2.14 per minute
Appointments saved so far
Week 1: 2 x 15 minutes x \$2.14 = <b>\$64.30</b>
Week 2: 4 x 15 minutes x \$2.14 = <b>\$128.60</b>
This excludes the roving consultant (one per 2-3 rooms)

\*Average cost per minute from Finance updated 9th Jan 2018

## Problems Encountered

- Junior doctors changeover in May (House Officers) and July (Residents/Senior Residents) led to a bit of slide back to old patterns of routinely giving appointments. This will be a recurring issue so just need to continue educating them.
- Some patients were given appointments to SOC for other unrelated issues - this does not need any change to workflow. Just to maintain awareness.

## Strategies to Sustain

- Will be monitoring data for at least 6 to 12 months
- Identify reasons for giving appointments to make adjustments
- Discharge memo to be translated into other languages for patients (separate from EPIC system)
- Step in the journey towards an Acute Care Surgery Service given our high emergency patient load
- In future as more patients have primary health physicians, can link up with them as an additional safeguard.